Authorized Onsite Soil Evaluator Application

1. Name: (Last, First, Middle)	2. Date of Application:
3. Home Address:	4. Business Address:
5. Phone (home):	6. Phone (work):
7. Date of Birth:	8. Fax:
9. Drivers License Number:	10. Mobile:
11. E-mail address:	12. How many years of full time experience do you have evaluating site and soil conditions for onsite sewage systems in Virginia? (Years of Experience)
13. This application is based on: (check one)	14. Have you completed the VDH approved basic training classes?
A. Virginia Certified Professional Soil Science	
B. Science or engineering degree and 4 years exper.	Yes No
C. A two or four year degree and 6 years exper. D. Eight years of relevant experience	If Yes, date completed
,	, <u> </u>
15. If you completed VDH basic training more than 10 years ago, have you received 2.0 CEU's within the last 2 years?	16. Have you successfully completed the VDH written and field testing requirements since November 1999?
If Yes, attach documentation.	Yes No
Note: Applicants must document their credentials.	
A. If you claim CPSS status attach a copy of your registr B. If you claim a degree attach a copy of your transcripts C. Three professional references are required, which mus additional) must be from your current or former supervisor	st be from an AOSE, PE, or CPSS. One reference (may be
I certify that the information provided on this application is truinformation or suppressing information on this application marevocation of my standing as an Authorized Onsite Soil Evaluation Department to conduct reference checks as necessary to evaluation	y result in denial of my application or the suspension or ator if my application has been approved. I authorize the
Signed	Date

Directions: Please complete all questions. If a question is not applicable, mark "N/A". Please type your responses. Applications should be sent to:

The Division of Onsite Sewage and Water Services 109 Governor Street, Room 500 Richmond, VA 23219